

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 147
Registered No. 26

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

2. Full name of child

Oscar Thomas Montgomery (If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. Legitimate?

Yes
7. Date of birth 2-12-1929
Month Day Year

8. FATHER

Full name Oscar Thomas Montgomery

14. MOTHER

Full maiden name Dora Mae Hill

9. Residence

(Usual place of abode)

If non-resident, give place and state. Ariz.

15. Residence

(Usual place of abode)

If non-resident, give place and state. Ariz.

10. Color or race

White

11. Age at last birthday 37 (Years)

16. Color or race

White

17. Age at last birthday 24 (Years)

12. Birthplace (city or place)

(State or country)

Rising Star
Texas

18. Birthplace (city or place)

(State or country)

Rosewell
New Mex.

13. Occupation

Nature of Industry

Auto Salesman

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:45 P.m. on the date above stated
(Born alive or stillborn.)

Signature

I. C. Harper
Physician

(Physician or midwife).

Given name added from a supplemental report

Month, day, year

Address

Globe, Arizona

Filed 3/8

1929

G. L. W. Wightman
Registrar

Registrar

648-212-483